Education Authority of the County of Lanark.

SIXTEENTH
Annual Report
ON THE
MEDICAL INSPECTION, SUPERVISION, AND TREATMENT OF SCHOOL CHILDREN.

1924-1925.

MOTHERWELL:
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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION AUTHORITY OF THE COUNTY OF LANARK.

Mr Chairman, Ladies and Gentlemen,

We beg to submit the Sixteenth Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ending 31st July, 1925.

We are,

Your obedient servants,

JOHN MACINTYRE.
W. JONES MACKINNON.

School Medical Inspection Offices,
3 Clydesdale Street,
Hamilton, *October*, 1925.

LIST OF STAFF.

NORTHERN DIVISION.

Principal School Medical Officer

JOHN MACINTYRE,
M.B., Ch.B., D.P.H.

Assist. School Medical Officers.

ALEXANDER LAMONT, (*a*)
M.B., C.M.

IAN C. MACKENZIE,
L.R.C.P., and S.Ed., D.P.H.

DAVID R. HAMILTON, (*b*)
M.A., M.B., Ch.B., D.P.H.

Dental Surgeons.

H. R. BOWER, L.D.S.

WILLIAM KERR, L.D.S.

ALEXANDER RAE, L.D.S. (*c*)

SOUTHERN DIVISION.

Principal School Medical Officer

W. JONES MACKINNON,
M.D., C.M., D.P.H.

Assist. School Medical Officers.

JOHN YOUNG,
L.R.C.P. and S.Ed., D.P.H.

ANDREW G. REEKIE,
M.B., Ch.B., D.P.H.

ANN K. CORMACK,
M.B., Ch.B.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S

ANDREW C. F. RANKIN, L.D.S.

ELIZ. WATSON, L.D.S. (*c*)

PART-TIME OPHTHALMIC SURGEONS.

W. HISLOP MANSON,
M.A., M.D., F.R.F.P.S.G.

H. SOMERVILLE MARTYN,
M.A., M.B., Ch.B.

JOHN A. MORTIMER,
M.D., M.R.C.P.E.

JAMES R. WATSON,
M.A., B.Sc., M.D., D.P.H.

JAMES A. WILSON,
M.D., D.P.H.

ERNEST THOMSON,
M.A., M.D., F.R.F.P.S.G.

PART-TIME EAR, NOSE, AND THROAT SPECIALIST.

JAMES ADAM, M.A., M.D., F.R.F.P.S.G.

NURSES.

ISOBEL T. COCHRAN.
CHRISTINA CRAIB.
ELIZABETH H. MORWOOD. (*d*)
MARGARET L. ROBERTSON.
ANNIE N. DOUGLAS.
MARJORY F. MACGILLIVRAY.
FLORENCE D. FLEMING (*c*).
MARTHA M. CHISLETT.
ANNIE DOBIE.
AMY T. HISLOP.
FRANCES M'KEE.
ISABEL TAYLOR.
ISABEL MACKINNON.
MARY A. YATES (*c*).
GEORGINA N. WALLACE (*e*).

CLERICAL STAFF.

ROBERT A. M'ROBBIE.
JAMES H. GALLOWAY (*f*).
JOHN PORTER.
HELEN S. STEVEN.
JEAN B. THOMSON (*g*).
SARAH M. B. CLARK (*h*).

(*a*) Resigned 31/8/24.
(*b*) Appointed 15/10/24.
(*c*) Appointed 1/9/24.
(*d*) Resigned 24/1/25.
(*e*) Appointed 24/1/25.
(*f*) Resigned 8/11/24.
(*g*) Appointed 17/11/24.
(*h*) Appointed 12/1/25.

Scheme of Medical Inspection, Supervision, and Treatment.

I.

LIST OF STAFF.

For purposes of administration the whole County is divided into two main areas—a Northern and a Southern Division. The County and Burghal districts embraced in these two Divisions are as detailed in the Annual Report for year 1919-20. The personnel of the Medical Inspection, Treatment, and Nursing Staffs is shown in detail on page 6 of this Report. In June, 1925, the Authority sanctioned the appointment of two additional nurses in connection with the formation of clinics to deal with minor ailments. These nurses will commence duty next session as soon as the clinics are established.

II.

(*a*) Number of Schools in the whole Educational Area :—	
Primary	227
Intermediate and Secondary	21
Special Schools or Classes	9
(*b*) Number of Children on Register	103547
Number of Children in Average Attendance	93735

During the year a new school has been erected at Budhill, Shettleston, to meet the needs of that area, and will be ready for occupancy at the opening of next session.

III.

NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION IN ACCORDANCE WITH SCHEME OF INSPECTION.

The number of visits paid to schools by the School Medical Officers in connection with the routine examination of scholars amounted to 1031. At these visits the following children were examined :—(1) Entrants, 5-6 years old ; (2) Intermediates, 9 years old ; (3) Seniors, 12 years old ; (4) Secondary Pupils, 16 years old ; and (5) Special Cases.

IV.

NUMBER OF SPECIAL VISITS BY THE SCHOOL MEDICAL OFFICERS.

The number of special visits paid to schools during the session for purposes of supervision amounted to 1073. In contradistinction to the visits for routine examination, due notice of which is given, these special visits are unannounced and are in the nature of " surprise " visits. At these visits children who were found to be suffering from some defect at the routine examination are re-examined with a view to ascertaining whether the defect has been cured or is under treatment. In addition, pupils who were absent from school during the routine examination, either through illness or from wilful abstention, are picked up, and the chances of any child now escaping regular examination are reduced to a minimum.

An appeal is made to all Head Teachers and Class Teachers to take the fullest possible advantage of these visits by the Medical Officer by drawing his attention to any abnormal condition, however trivial it may seem, from which any of their scholars may suffer. It is often by such means that early symptoms of deafness, short sight, skin disease, and various other ailments are detected and proper remedies applied. The Medical Officer's attention should also be directed to all cases of frequent absenteeism as it is quite probable there may be genuine physical unfitness to account for the child's irregular attendance. Again, all cases of suspected uncleanliness should, without fail, be reported for examination. This latter condition is not so frequently reported by the teachers as one would like as there is a natural reluctance to single out a child in the class for special attention in this respect. One has, however, to consider the other members of the class and to exercise the greatest care to prevent their contamination. Besides, it is in the best interest, both physical and mental, of the neglected child that he should be made clean and comfortable and able to associate freely with his class mates. There is no question of parading the offender before the other members of the class as all the examinations are conducted with the greatest possible privacy and with the utmost regard for the child's feelings. As all the schools are re-visited at more or less regular intervals during the session—often as frequently as five or six times—there is ample opportunity afforded to the teacher for bringing special cases before the Medical Officer. The Head Teacher is of great assistance in reporting conditions which affect the school as a whole—epidemics, lighting, heating, and suspected faulty sanitary conditions—but when it comes to the individual child the Class Teacher is the person to whom the Medical Officer will turn for information and assistance.

The total number of children examined at re-visits to schools during the session was 28,228. In addition, 212 homes were visited by the School Medical Officers for the purpose of examining certain children who were reported to be too ill to attend for examination at school.

V.

SANITARY CONDITIONS OF SCHOOLS.

Generally speaking, the sanitary conditions of the schools in the County are satisfactory. In some of the small rural schools pail closets still exist, and in the absence of a suitable and ample water supply it is not practicable to convert these into water closets. Theoretically, it might be argued that the water carriage system of excrement disposal and the destruction by fire of refuse and garbage are wasteful, but when all is said and done they are clean, healthy methods, while the ashpit and midden are an abomination. Purification by fire is no idle phrase. Nature is not so poorly endowed that she has to depend on the paltry efforts of man to improve her inheritance by scattering rags, waste paper, garbage, and empty cans over the landscape, yet this ludicrons and primitive method of refuse disposal can still be seen in all its stark hideousness in many parts of the country, often in close proximity to schools and dwellings, an offence equally to the eye and the nostril.

As was mentioned in last year's Report, a new type of water closet was introduced, with the consent of the Scottish Board of Health, as an experiment into one or two of the elementary schools. This type, known as the " Eastern " type, in which there is no pedestal or seat, has been in regular use for over a year and has given every satisfaction from a sanitary point of view. It is, without question, the cleanest and most effective form of water closet for general use in elementary schools. Both headmasters and janitors speak in terms of the highest praise of it, and it is probable that it will be introduced into all new elementary schools, and supersede the present pedestal type when alterations or renewals are carried out. For the Infant classes and for Intermediate and Secondary pupils the present pedestal closet will still be retained.

The great majority of the schools are well lighted and have ample facilities for ventilation. Attention is drawn, however, to the fact that teachers do not ventilate their classrooms sufficiently and, as a rule, fail to take full advantage of " cross ventilation."

Perhaps they are not aware of the stuffiness of their classrooms but to a visitor this is very apparent. At the dinner and play intervals not only should the windows be well drawn down, but the classroom door should be widely opened to permit of the freest possible circulation of air.

The usual routine disinfection and cleaning of the schools continue to be efficiently carried out. In several instances special disinfection of classrooms has been done by the Sanitary Authorities at the request of the School Medical Officers.

VI.

(A) ORGANISATION AND ADMINISTRATION.

For details regarding the above, see Report for year ending July, 1920 (pages 8-10).

(B) SCHOOL NURSES.

1. Number on Staff.

The number of Nurses on the staff is 14. These are allocated as follows : 7 for Medical Inspection and Supervision, and 7 for Treatment. The appointment of two additional nurses was sanctioned by the Authority in June in connection with the formation of Minor Ailments Clinics and they will commence duty next session when these clinics are established.

2. Duties in School.

For detailed account of the duties of the Nursing Staff, both in School and in the Clinics, see Report for year 1919-20 (page 10).

3. Duties in Visiting.

The work undertaken by the School Nurses as regards visiting the homes of the children has been fully explained in previous Reports. During the past session 374 special visits were paid to homes for the purpose of " following up " certain cases of neglect.

(C) ARRANGEMENTS FOR " FOLLOWING UP."

These arrangements were detailed in the Report for year 1919-20. In addition to the home visits paid by members of the nursing staff several cases of persistent neglect were reported to the Society for the Prevention of Cruelty to Children and the Officers of this Society have given invaluable help in supplementing the efforts of the School Medical service. It is rather sad to reflect that sometimes it is only the dread of prosecution which compels a mother to undertake the most elementary of parental duties. Valuable assistance has also been given by the Sanitary Inspectors of the various Health Authorities in the disinfection of bedding and clothing in cases of verminous pollution. To all of these officers due acknowledgment is paid.

(D) SUPERVISION OF INFECTIOUS DISEASE, INCLUDING SCHOOL CLOSURE.

For particulars regarding the arrangements in force for dealing with infectious diseases in schools, see Report for year 1919-20 (page 11). A few of the rural schools were this year closed for short periods on account of a prevalence of chickenpox.

Thanks are again due to Dr. J. Hume Patterson, Medical Officer of Health for the County, for having examined and reported on all specimens of hair from cases of suspected ringworm of the scalp submitted to him. These reports have been of very great service in deciding whether a child should be excluded from school or whether he was now free to resume school attendance. Fifty-seven such cases were submitted for examination.

(E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

Full details of the arrangements regarding co-ordination with the various Health Authorities in the County and Burghs were given in the Report for year 1919-20 (pages 11-12).

(F) PRESENCE OF PARENTS AT INSPECTION.

The number of parents who attend at the routine examination of their children is still relatively small and is chiefly confined to those whose children are being examined for the first time. Where a special examination is being conducted, the parents are urged to be in attendance and they rarely fail to accompany the child. In the vast majority of cases the child's mother attends personally, but occasionally the father may accompany the child, or, in the absence of both parents, an older sister or some near relative. In every case the School Medical Officer prefers to have the child's mother present as matters concerning the child's present condition and his future prospects, both educational and occupational, can be fully discussed. This specially applies to children who are suffering from some physical or mental infirmity of a more or less permanent nature.

When a child is discovered at school to have some serious defect of which the parents are probably unaware—such as heart trouble or some affection of the lung—the mother is always sent for and the facts communicated to her. In several cases, boys who were destined for the mines, iron works, or engineering shops, have had to alter their plans and arrange for some less strenuous occupation. At the treatment clinics—especially the Eye and Nose and Throat Clinics—a very large proportion of the parents accompany their children. This is very desirable, as verbal instructions can then be given to the parents regarding the after-care of the child.

(G) SPECIAL EXAMINATIONS.

(*a*) *For Infectious or Contagious Diseases.*—Several visits were paid to schools throughout the year to investigate certain cases of infectious or contagious disease which had appeared amongst the pupils, but in every case it was found that the disease was limited in its extent and was not of such a nature as to become epidemic. Thus, in one school where two members of a family had contracted scarlet fever, every child in the department of the school which the children had attended was carefully examined but no other suspicious cases were discovered. Where the disease is a contagious one, such as scabies or impetigo, the prompt removal of the affected child from the school is usually effective in stamping out what might have become a troublesome epidemic, and instructions are issued that the child must not resume school attendance until it is certified free from disease by the family doctor, the Sanitary Authority, or the School Medical Officer.

The commonest, and one of the most troublesome of the conditions found amongst school children, is Impetigo. This skin disease easily holds first place as regards its actual number of victims and has always been a source of worry to teachers and doctors alike. The condition is very amenable to treatment in its early stage, and is not attended by any permanent or serious results. Probably because of this, it is frequently neglected at home until it has spread widely over the child's body, and, perhaps, involved other members of the family. It is one of the minor diseases which plays havoc with a child's attendance at school. During the past session, 501 cases were discovered by the School Medical Staff and the children were excluded for varying periods to permit of effective treatment being carried out. It is hoped that when the clinics to deal with minor ailments are fully established much will be done to eradicate this troublesome and unsightly disease from our schools. The contagious skin disease which is second in frequency of occurrence is Scabies (" Itch "), 63 cases having been discovered amongst the school children during the year. This condition, like impetigo, is quite amenable to treatment if got in its initial stages, but if treatment is withheld the disease is a most intractable one. Cases were found where several members of a family were so badly infected with the disease, and where the efforts at treatment in the home, although strenuously carried out, had proved unavailing, that hospital treatment had to be instituted. Although the commonest sites for the disease to make its first appearance are the hands and wrists, it may so happen that the earliest parts to become infected are the upper arms and thighs. Consequently, the disease may have obtained a considerable hold before it becomes apparent. Teachers are warned to notify at once any suspicious sores on a child's hands and wrists so that the Medical Officer may be able to satisfy himself as to the nature of the ailment. All cases of scabies, however slight the infection may be, are excluded from school forthwith.

Ringworm is another condition which is by no means rare amongst school children, although, happily, the disease is now much rarer than formerly. The two chief varieties of this condition are ringworm of the scalp and ringworm of the body. The latter type is easily recognised by parents on account of its well-known characteristics and consequently is usually promptly treated. But ringworm of the scalp is insidious in its onset and is usually well establised before its effects are recognised. Small circular patches of baldness appear on the head and it is this loss of hair which makes the parent seek medical advice. The disease is difficult to eradicate, especially with drug treatment, but, fortunately, the process of cure can now be very greatly accelerated by X-ray treatment. The disease is rather peculiar in two respects, firstly, that in the great majority of cases it is boys who are affected, and, secondly, that a spontaneous cure generally occurs soon after the boy attains the age of fourteen years. However, the presence of such a persistent disease at a critical time in the scholastic life of a child may have serious results as regards the child's educational future, and every endeavour is made to have suspected cases examined early and, if necessary, promptly treated. Altogether, 38 cases of ringworm and 1 case of favus were discovered amongst the pupils during the year.

It is unusual to find cases of any of the commoner infectious diseases, such as chickenpox, measles, whooping cough, scarlet fever, etc., at school, as these conditions are generally recognised at home by the parents and the children kept from school and placed under the care of the family doctor. Reference to Table X shows that 3 cases of chickenpox; 1 case of whooping cough; 8 cases of mumps; and 1 case of scarlet fever were discovered at school during the session. It will be agreed that these constitute an exceedingly small percentage of the total children examined.

(*b*) *Absentee Pupils.*—During the course of the year under consideration, 216 pupils were specially examined on account of prolonged absence from school. These were cases where frequent or continuous medical certificates were forthcoming to account for the child's non-attendance and the examination by the Authority's Medical Staff was for the purpose of ascertaining whether the child was a suitable case for admission to a special class for invalid children, or whether he was now fit to resume attendance at an ordinary school. The question of the validity of medical certificates granted by the family doctor has for long been a thorny one, but there can be no question that, in a great many cases, these "certificates" are utterly worthless *qua* certificates, and repeatedly, when parents have been prosecuted for failing to educate their children, it has been pointed out by the Sheriff that the scraps of paper which masquerade as medical certificates are valueless. Many medical practitioners are very sparing in their granting of certificates, but there are others who simply flood a school with "medical lines," and it is little wonder that Head Teachers look with suspicion on them.

The procedure adopted in the examination of absentee pupils is as follows:—Where there is grave doubt as to the genuineness of a child's absence or his inability to attend an ordinary school, the case is reported, in the first instance, to the Local School Management Committee for their consideration. Should it be deemed advisable to have a special medical report on the child, the Clerk to the Committee forwards the child's name to the School Medical Officer who makes the necessary arrangements for conducting the examination and reports his opinion of the case as soon as possible. It is for the School Management Committee then to decide what action, if any, they will take.

There is no doubt that this branch of the School Medical Officer's work is productive of much good result. Not only are genuine cases of physical or mental disability ascertained and arrangements made, if possible, for their education and care, but also the cases of wilful abstention, or abstention on trivial grounds, are discovered and suitable steps taken to have the child returned to school. The medical officer does not act in the role of assistant attendance officer, but is a guide and help, not only to many a parent worried by doubt as to her child's future, but also to the children themselves whose best interests are the prime consideration.

(*c*) *Physically Invalid Children.*—Special examinations were made during the year of 763 physically invalid children with a view to ascertaining whether they were able to attend special classes or whether their disability was such as to call for more or less permanent exemption from all school attendance. The problem of the physically invalid child is not an easy one to solve, especially when the child resides in a remote country district. In such a case a compromise has usually to be effected by providing a conveyance to take the child to and from the nearest ordinary school and supplying a special chair and desk for his use at school. In the more densely populated districts the problem is not one of distance but of accommodation. During the past four or five years an earnest endeavour has been made by the Authority to meet the needs of these children and special classes have been established at various centres. At the present time a new school is in course of erection in Old Monkland Area for the education of physically and mentally invalid children in the parishes of Old and New Monkland, which parishes include the towns of Coatbridge and Airdrie. The special classes at Cambuslang meet the needs of the more urgent cases in Blantyre, Rutherglen, and Cambuslang, but the question of extra accommodation there will have to be considered within the next year or two. At Hamilton the extension of the present accommodation, and at Motherwell the building of a new special school are respectively authorised by the Authority, and this should meet the needs of these areas for some years. In Bothwell Parish—which includes the densely populated districts of Mossend, Bellshill, and New Stevenston—there is, so far, no provision for the education of physically or mentally invalid children. The parish is a large one and, in addition to the above mentioned districts, embraces Uddingston, Bothwell, Bothwellhaugh, and Tannochside, all well populated areas. Some time ago a site on which to erect a special school was examined but, although suitable in every other respect, was condemned on account of the presence of extensive underworkings.

(*d*) *Mentally Invalid Children.*—A considerable number of children were reported during the year to be suffering from some form of mental defect and a special examination was conducted in each case by the School Medical Officer. These cases were submitted either through the Attendance Officers or by the Head Teachers, those submitted by the former being children not in attendance at any school, whilst those reported by the teachers were children who had failed to make normal progress at school. The types of children examined varied from the mentally subnormal, or retarded child, through all the successive degrees of defect up to the helpless idiot. Several of the children who were considered suitable for admission to the special classes conducted by the Authority were passed in to these classes, whilst others who came under the category of Institutional cases, were recommended for admission to Birkwood Institution or St. Charles' Institution for training. There were, however, no fewer than 28 children whose mental defect was so extreme as to render them uneducable. These cases were duly reported to the General Board of Control and Parish Councils.

During the course of the year 169 cases of mental defect were specially examined by the School Medical Officers.

(*e*) *Junior Students.*—In accordance with the Regulations for the Preliminary Education, Training, and Certification of Teachers, issued in June, 1924, the former system of Junior Studentship has been abolished and intending teachers are now designated " Students in Preliminary Training." A certificate of physical fitness, similar in every respect to that which was demanded under the regulations for Junior Studentship, will have to be furnished in the case of Students in Preliminary Training, but as sufficient time had not elapsed prior to the commencement of the school session for the new nominations to be completed, the medical examination of these Students was not carried out this year. All these Students, however, will be subjected to the regular medical examination early next session. Only in one instance was a candidate examined this year, but in this case a special concession was granted for her to be enrolled under the old Junior Studentship regulations.

All the Junior Students and Article 15 (*b*) Students at present in training are examined at least once yearly.

(*f*) *Visits to Special Classes.*—The Special Classes for Physically Invalid, Mentally Invalid, and Deaf-Mute Children are visited at frequent intervals during the year, at least once a month. The physically invalid children require considerably more medical supervision than the mentally invalid or deaf-mute children and, generally, are much more adversely influenced by inclement weather. Notwithstanding the fact, however, that many of the pupils are of poor physique and delicate constitution, the regularity of attendance at the classes is very satisfactory.

During the course of the year the Authority decided to form a special class for Mentally Invalid Children at Gateside Public School, Cambuslang, in conjunction with the classes for physically invalid children conducted there. As a consequence, several of the pupils who, in addition to their physical defect, showed definite signs of mental abnormality, were transferred to this class. This arrangement will be of decided benefit to the organisation of the special classes conducted in this school.

(g) *Employment of Children Act.*—There was a very marked increase this year in the numbers of children applying for permits for part-time employment in accordance with the Authority's Regulations. This does not necessarily mean that more children are engaging in work out of school hours, but rather points to the fact that a great many more employers are insisting that applicants for employment shall be in possession of the Authority's permit. If employers would consult their best interests they would absolutely refuse to employ any child who was not in possession of an official permit, as thereby they would have a guarantee not only of the child's physical fitness to undertake the work but also of his bodily cleanliness and freedom from contagious disease. There is a constant outcry against uncleanliness in the handling of food stuffs, yet though the public have at hand a means of guaranteeing that the children who deliver their bread, milk, or meat, are sound in physique and clean in body, they neglect to take advantage of this opportunity. If householders insisted that the children who delivered their bread, meat, groceries, or milk, were in possession of the Authority's permit, the various shopkeepers would soon be compelled to employ as messengers only those who had passed the School Medical Officer's tests of fitness and cleanliness. It must be remembered that these tests are primarily in the interests of the children themselves, but they also protect the employer and directly benefit the public.

Although the great majority of the children applying for permits were both clean and physically fit to engage in part-time work, in several instances the permit had to be definitely refused. The reason of this refusal was usually either poor physique on the part of the applicant or bodily uncleanliness of a more or less chronic character. The Medical Officers conducting the examinations lay as much stress on the cleanliness of the body and clothing of the applicant as upon his physical fitness. There is a graduated scale of weights which a child is permitted to carry but there is no grading of cleanliness in the permit issued.

Bye-Laws under the Employment of Children Act, 1903, and Education (Scotland) Act, 1918.

STATEMENT SHOWING NUMBER OF CHILDREN EXAMINED, NUMBER OF CERTIFICATES GRANTED OR REFUSED, AND NATURE OF EMPLOYMENT.

SCHOOL MANAGEMENT AREAS.	No. of Children Examined.	Certificates.		NATURE OF EMPLOYMENT.							
		Granted.	Refused.	Milk Carrier.	Delivering Newspapers.	Delivering Messages.	Lather Boy.	Shop Assistant.	Domestic Work.	Fruit Picking and Farm Work.	Miscellaneous
Avondale	18	18	—	10	2	6	—	—	—	—	—
Biggar	13	13	—	6	2	5	—	—	—	—	—
Blantyre	51	51	—	10	26	12	1	—	—	—	2
Bothwell	120	117	3	55	41	19	1	—	—	—	1
Cadder	36	33	3	24	6	3	—	—	—	—	—
Cambuslang	112	112	—	69	20	20	2	—	—	1	—
Cambusnethan	16	16	—	5	5	6	—	—	—	—	—
Carluke	7	7	—	7	—	—	—	—	—	—	—
Carnwath	3	3	—	—	1	2	—	—	—	—	—
Dalserf	11	10	1	5	3	1	—	—	—	—	1
Dalziel......	39	39	—	23	4	9	2	—	—	—	1
Douglas	—	—	—	—	—	—	—	—	—	—	—
East Kilbride	16	16	—	9	4	2	1	—	—	—	—
Glassford	3	3	—	3	—	—	—	—	—	—	—
Hamilton	81	81	—	35	14	22	9	—	—	—	1
Lanark	5	5	—	3	—	2	—	—	—	—	—
Lesmahagow	—	—	—	—	—	—	—	—	—	—	—
New Monkland	75	74	1	28	21	20	3	1	—	—	1
Old Monkland	135	133	2	86	27	13	6	—	—	—	1
Rutherglen	186	182	4	142	22	16	—	—	—	—	2
Shotts	32	32	—	19	7	5	1	—	—	—	—
Southern	—	—	—	—	—	—	—	—	—	—	—
Stonehouse	6	6	—	3	—	3	—	—	—	—	—
	965	951	14	542	205	166	26	1	—	1	10

The accompanying Table shows the total number of children examined and the various School Management Areas from which the applications were received. It will be seen that this year 965 children were examined and of these only 14 were definitely refused a permit. The numbers examined were more than double the previous year's total—439, the greatest increase being in Bothwell, Cambuslang, Old Monkland, New Monkland, Rutherglen, and Hamilton. It is to be hoped that this increase in the numbers examined will continue until it is impossible for any school child to engage in any form of part-time employment without first having been medically examined as to his fitness in every way to engage in such work. It is a fact that over 70 per cent. of all these children are engaged in some form or other of food delivery, and when the full significance of this is generally realised it will be conceded that the Authority's byelaws regarding the employment of children out of school hours are no petty tyranny but constitute a very real and proper safeguard both to the child and to the public.

(*h*) *Adult Blind Persons.*—Applications were received from 6 Adult Blind Persons for admission to a course of technical training in terms of the Blind Persons Act, 1920, and in each case, after medical examination, it was found that the applicant was both physically and mentally fit to undertake a regular course of training.

(*i*) *Staff.*—During the course of the year 13 members of the Authority's Staff (Teachers, Attendance Officers, and Janitors) were examined and reported on by the School Medical Officers. All teachers undergo a strict medical examination not only at the outset of their professional career but also during the course of their studies, and the Authority have taken a very wise step in insisting that their attendance officers and janitors should also furnish medical proof that they are fit for the duties of their office. This rule might, with advantage, be made applicable to all candidates for permanent, full-time appointments in the Authority's service.

VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A) TOTAL NUMBER OF CHILDREN EXAMINED.

(*a*) At Systematic Examinations :—

	Boys.	*Girls.*
Entrants (6 years old and under)	1735	1739
Intermediates (9 years old)	5272	5187
Seniors (12 years old)	5568	5289
Secondary Pupils (16 years and over)	284	283
	12859	12498

Total	25357
(*b*) Special Cases (non-routine)	7177
Grand Total	**32,534**

(*c*) Pupils examined at Re-visits :—

Number examined at 1st Re-visit	8224
,, ,, 2nd ,,	8572
,, ,, 3rd ,,	6702
,, ,, 4th ,,	4231
,, ,, 5th ,,	499
	28,228

(*d*) Examination of Junior Students :—

Entrants	1
During Training (1st, 2nd, and 3rd years)	224

(*e*) Examination of Physically and Mentally Invalid Children in attendance at Special Classes :—

1. Physically Invalid	324
2. Mentally Invalid	34

(*f*) Special Examination of Physically and Mentally Children :—

1.	Physically Invalid	763
2.	Mentally Invalid	169

(*g*) Special Examination of Irregular Attenders and Chronic Absentees :—

Number examined	216

(*h*) Examination of Children under Employment of Children Act (1903) :—

Number examined	965

(*i*) Examination of Adult Blind Persons (Blind Persons Act, 1920)	6
(*j*) Examination of members of the Authority's Staff	13

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

1. Dental Treatment :—

Number of Children Dentally Examined	69447
Number of Children Notified	48996
Number of Children Dentally Treated	19100

2. Visual Treatment :—

Number of Children Treated by the Ophthalmic Surgeons	2858
Number of Children Re-examined by the Ophthalmic Surgeons	2320
Number of Attendances at the Ophthalmic Clinics	5178

3. Ear, Nose, and Throat Treatment :—

Number of Children Treated by Nose and Throat Specialist	82
Number of Attendances at Treatment Centres	509

(B) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS SUFFERING FROM DEFECTS.

For the year 1924-25 the number of children notified to parents on account of one or other of the various defects discovered at school—exclusive of dental defects—amounted to 11,340, and the total number of defects from which these children suffered was 16,468, *i.e.* an average of approximately 1.5 per child. Table B. shows in detail the various conditions from which the children were found to suffer, and it will be seen that conditions of bodily uncleanliness account for, by far, the largest number of notifications —namely, 52 per cent of the total. This is a very unsatisfactory state of affairs and one which cannot be allowed to continue. In the past only the most depraved and persistent cases were singled out for prosecution, but it would appear that the basis of selection must be broadened if matters are to be remedied. Doubtless, the period of industrial distress through which the country has been passing accounts in large measure for the neglected state of these children, and although depravity tends to be an accompanying phase of poverty it cannot be condoned. Cleanliness of the school children must at all costs be maintained even though it should entail much more frequent prosecution. The School Medical Staff fully recognise that the standard as regards clothing and footgear must, in the meantime, be somewhat lowered, but this obviously, must not apply to the standard of cleanliness.

The prevailing fashion of " shingling " of women's hair might well be adopted by all mothers in the case of their girls of school age—certainly up to the age of twelve years, when girls might reasonably be expected to be able to attend to themselves. The keeping of the hair short amongst all girls at school has been repeatedly advocated in previous Reports, but, unfortunately, mothers prefer to await the arbitrary pronouncements of " Madame la Mode " rather than to follow the sound principles of Hygeia. It is a pity, however, that Madame's edict in the matter of " shingling " only appears to apply to one section of the female sex, namely, the young persons between the ages of seventeen and seventy. The practice of girls wearing hats or caps in school, although, happily, now infrequent, is not yet unknown. It is high time that teachers should insist on all of their girl pupils, irrespective of age, sitting in school with their heads uncovered. It is generally found that it is those girls who practise the wearing of headgear in school who stand in most need of having their hair attended to, and that the hat, like charity, covers a multitude of sins.

The next condition, in order of frequency, from which the pupils suffered, was defective eyesight, no fewer than 4367 cases having been notified during the course of the year. Of these, 909 were found to suffer from squint. This serious defect, which may affect the whole school life and after career of children has been repeatedly dealt with in former Reports, and it is gratifying to note that well over 50 per cent. of the cases were placed under treatment. The defects of vision were of varying degrees of severity, in some cases fairly slight, but the policy of the Authority's Medical Staff is to bring every child who has a visual error which cannot be considered trivial before the Authority's Ophthalmic Surgeons. The fact that this year considerably more scholars have been treated by the Ophthalmic Surgeons than in any previous year shows that parents are becoming more alive to the dangers which may accrue from neglected visual defects, and are taking much more advantage of the facilities for treatment offered by the Authority. There are, of course, the usual stubborn types to be met with amongst parents who refuse to have anything done for their children's vision, however defective that vision may be, and who cannot, or will not, recognise that they are inflicting great hardships on their children. Such action comes perilously near the category of "Child Neglect," and, if persisted in, might ultimately bring the parents into Court. The reports on the work done by the Authority's Ophthalmic Surgeons will be found in a subsequent section of this Report.

The principal defects calling for notification to the parents were :—Uncleanliness of head or body, 5909 ; defective vision, including squint, 5276 ; unsatisfactory clothing and footgear, 966 ; enlarged tonsils, 821 ; external eye diseases, 595 ; impetigo, 501 ; ear diseases, 449 ; adenoids (actual or suspected), 378 ; skin diseases (miscellaneous), 222 ; defects of heart or circulation, 214 ; nasal obstruction, 204 ; enlarged lymphatic glands, 177 ; respiratory defects, 117 ; defective hearing, 78 ; scabies, 63 ; malnutrition, 40 ; ringworm, 39 ; tubercular disease (non-pulmonary), 38 ; diseases of the nervous system, 29 ; other conditions, 352.

In addition to the foregoing 48,996 children were notified on account of defective teeth or unsatisfactory dental hygiene. A detailed account of the dental condition of the school children in the County is given in the dental statistics incorporated in this Report (page 47).

The following statistical Tables (D. to X.) show the numbers and percentages of children who suffered from one or other of the conditions mentioned.

(C) NUMBER OF CHILDREN RECEIVING ATTENTION, EXCLUSIVE OF DEFECTIVE TEETH.

Of the 11,340 children notified as suffering from some defect, 7395, or 65.2 per cent., were found, at subsequent examinations, to be cured, improved, or under treatment. This percentage of treatment or cure shows an advance on last year's figures, and it is hoped that when the minor ailments Clinics are in being, the figures will be still further improved. But the whole aim of the entire Medical Staff is not so much to obtain a larger increase in the number of cured cases as to ensure a great decrease in the incidence of disease, and looking back to the early days of School Medical Inspection it is encouraging to note that although the number of cases where treatment has been instituted has steadily improved, there has been a corresponding fall in the number of cases calling for treatment.

Of the cases of visual defect 2858 were treated by the Authority's Ophthalmic Surgeons, necessitating 5178 attendances at the Eye Clinics. A detailed statistical statement of the work at those clinics, with commentaries by the various Ophthalmic Surgeons, is included in this Report (pages 39-46).

As regards diseases of the Ear, Nose, and Throat, 82 children were treated by the Authority's Rhinologist, necessitating 509 attendances at the Clinic. Details of the treatment afforded are given in this Report (page 51).

(D.) CLOTHING.

Systematic Cases.							Special Cases.
No. Examined.	Insufficient.		In Need of Repair.		Dirty		No. found defective.
	No.	Per cent.	No.	Per cent.	No.	Per cent.	
25,357	48	.18	762	3.00	1419	5.59	524

(E.) FOOTGEAR.

Systematic Cases.			Special Cases.
No. Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
25,357	424	1.24	80

(F.) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years ...	6½	9½	12½
County of Lanark Average ...	44.2	50.6	56.3
Anthropometric Standard	44.1	50.7	56
Difference	+ 0.1	− 0.1	+ 0.3

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years ...	6½	9½	12½
County of Lanark Average ..	44	51	57.1
Anthropometric Standard ..	43.6	50	56.8
Difference	+ 0.4	+ 1.0	+ 0.3

BOYS—AVERAGE WEIGHT IN LBS.

Average Age in years ...	6½	9½	12½
County of Lanark Average ..	45.4	60.5	80.6
Anthropometric Standard	47	64.9	79.4
Difference	− 1.6	− 4.4	+ 1.2

GIRLS AVERAGE WEIGHT IN LBS.

Average Age in years .	6½	9½	12½
County of Lanark Average .	43.6	56.8	79.8
Anthropometric Standard	44.8	59.3	80.2
Difference ...	− 1.2	− 2.5	− 0.4

(G.) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Dirty (including Nits)	Per cent.	Verminous.	Per cent.	No. found defective.
25,357	5571	21.14	628	2.48	1413

(G.) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found defective.
25,357	3259	12.45	749	2.95	1118

(H.) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.									Special Cases.
No. Examined	Ringworm.	Per cent.	Impetigo.	Per cent.	Favus	Per cent.	Other Diseases	Per cent.	No. found defective.
25,357	7	.028	72	.284	1	·003	93	·37	232

(H.) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.									Special Cases.
No. Examined	Ringworm.	Per cent.	Impetigo.	Per cent.	Scabies.	Per cent.	Other Diseases	Per cent.	No. found defective.
25,357	5	.019	77	.303	21	.083	225	.88	411

(I.) NUTRITION.

No. Examined.	Systematic Cases.						Special Cases.
	Average and above Average.		Below Average.		Very bad.		No. found defective.
	No.	Per cent.	No.	Per cent.	No.	Per cent.	
25.357	24.724	97.50	619	2.44	14	.055	61

(J.) TEETH.

As the dental examination of all school children between the ages of 5 and 12 years, inclusive, is undertaken by the Authority's Dental Surgeons, no record of the condition of the children's teeth was taken by the Medical Officers at the routine inspections, except in the case of the 16 years old pupils. The results of the Dental Surgeons' examinations are given in the Special Dental Report (see page 47).

As regards the dental condition of the 16 years old pupils, of 567 examined, 257, or 45.3 per cent., were found to stand in need of dental treatment, and the usual notice was sent to the parents.

(K.) (*a*) NOSE.

No. Examined.	Systematic Cases.						Special Cases.
	Catarrh.		Obstruction.		Other Diseases		No. found defective.
	No.	Per cent.	No.	Per cent.	No.	Per cent.	
25,357	1503	5.92	442	1.74	137	.54	131

(K.) (*b*) THROAT.

Number Examined.	Systematic Cases.										Special Cases.
	Tonsils.				Adenoids.				Other Diseases.		Number found Defective.
	Slightly Enlarged.		Markedly Enlarged.		Probably Present.		Present.				
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
25,357	5801	22.88	680	2.68	646	2.55	204	.805	32	.13	437

(K.) (*c*) LYMPHATIC GLANDS (Submaxillary and Cervical).

Number Examined.	Systematic Cases.								Special Cases.
	Palpably Enlarged.		Markedly Enlarged.		Suppurating.		Cicatrices.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
25,357	2923	11.52	107	.42	4	.014	447	1.76	124

(L.) EXTERNAL EYE DISEASES.

Systematic Cases.											Special Cases.
Number Examined.	Blepharitis.		Conjunctivitis.		Corneal Opacities.		Strabismus.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
25,357	499	1.97	141	.55	84	.33	341	1.34	100	.39	1063

(M.) VISUAL ACUITY.

Systematic Cases.							Special Cases.
Number Examined.	Good Vision.		Fair Vision.		Bad Vision.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
*21,883	17,010	77.74	4135	18.89	738	3.37	1899

*Infant Children not included.

(N.) EARS.

Systematic Cases.							Special Cases.
Number Examined.	Otorrhoea.		Wax.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
25,357	239	.84	360	1.41	17	.067	223

(O.) HEARING.

Systematic Cases.					Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
25,357	175	.69	15	.059	147

(P.) SPEECH.

Number Examined.	Systematic Cases.				Special Cases.
	Defective Articulation.		Stammering.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
25,357	189	.75	83	.33	69

(Q.) MENTAL CONDITION.

Number Examined.	Systematic Cases.				Special Cases.	
	Dull or Backward.		Mentally Defective.		Dull or Backward.	Mentally Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Number.
25,357	254	1.002	61	.24	65	50

(R.) HEART AND CIRCULATION.

Systematic Cases.										Special Cases.
Number Examined.	Organic.				Functional.		Anaemia.			Number found Defective.
	Congenital.		Acquired.							
	Number.	Per Cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
25,357	3	.011	74	.29	161	.63	756	2.98		184

(S.) LUNGS.

Systematic Cases.									Special Cases.
Number Examined.	Chronic Bronchitis.		Tuberculosis.		Tuberculosis Suspected.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
25,357	511	2.015	2	.008	6	.023	5	.019	122

(T.) NERVOUS SYSTEM.

	Systematic Cases.								Special Cases.
Number Examined.	Epilepsy.		Chorea.		Infantile Paralysis.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
25,357	8	.032	12	.047	41	.16	28	.11	64

(U.) TUBERCULOSIS (NON-PULMONARY).

	Systematic Cases.										Special Cases
Number Examined.	Glandular.		Bones and Joints.		Abdominal.		Skin.		Other Forms.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
25,357	11	.043	32	.13	7	.028	4	.014	—	—	38

(V.) RICKETS.

Number Examined.	Systematic Cases.				Special Cases.
	Slight.		Marked.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
25,357	306	1.21	3	.012	19

(W.) DEFORMITIES.

Number Examined.	Systematic Cases.				Special Cases.
	Congenital.		Acquired (Non-Rachitic).		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
25,357	107	.42	215	.85	41

INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School by the School Medical Officers, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred :—

SANITARY AREA.	Mumps.	Ringworm.	Favus.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Other Eye conditions.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Lupus.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.
COUNTY—														
Upper Ward	—	9	1	8	4	6	—	—	—	—	—	—	—	—
Middle Ward	6	18	—	22	206	22	4	3	13	1	3	1	—	1
Lower Ward	—	1	—	6	18	2	—	—	2	—	1	—	—	—
BURGHS—														
Airdrie	—	1	—	3	31	—	—	—	—	—	—	—	—	—
Biggar	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Coatbridge	—	4	—	8	51	1	—	1	2	—	—	—	—	2
Hamilton	2	4	—	3	46	18	1	1	—	—	—	—	—	—
Motherwell	—	—	—	1	6	3	1	—	—	—	—	—	—	—
Lanark	—	—	—	—	2	—	—	—	—	—	—	—	—	—
Rutherglen	—	1	—	1	25	1	—	—	—	—	—	—	—	—
Wishaw	—	—	—	2	5	1	—	—	—	—	—	—	—	—
TOTAL	8	38	1	54	394	54	6	5	17	1	4	1	—	3

(Y.) OTHER DISEASES AND DEFECTS.

In addition to the conditions recorded in the foregoing Tables, a considerable number of less common defects were discovered during the course of examination of the scholars. The great majority of these conditions were of a simple nature and not likely to interfere with the child's physical or educational progress, but, on the other hand, a few of the cases were of such a serious nature as to call for exclusion from school and urgent medical attention.

One of the commonest of ailments found amongst girls of from 12 years of age was enlargement of the thyroid gland, no fewer than 187 cases having been discovered. As this glandular enlargement is very frequently the result of certain physiological changes, and as there were no accompanying nervous symptoms, no special action was taken meantime. Septic sores, boils, and abscesses accounted for 44 of the cases; stomach disorders, 6; ichthyosis, 6; psoriasis, 3; hydrocephalus, 2; hernia, 6; alopecia, 4; altogether, 253 conditions were recorded under this heading.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. Physically Invalid Children.

The number of centres at which instruction is given to physically invalid children remains the same as last year. The special school near Coatbridge is now nearing completion and should be ready for occupancy early next session. The Authority has also decided to extend the accommodation for invalid children at Woodburn, Hamilton, and this extension will proceed at the commencement of next session. The districts in which special classes for physically invalid children are conducted at present are Cambuslang (Gateside Public School), Coatbridge (Coatbridge Public School), Hamilton (Woodburn Special School), and Motherwell (Knowetop Public School).

2. Mentally Invalid Children.

Towards the end of the present session, a class for mentally invalid children was commenced at Gateside Public School, Cambuslang, in conjunction with the classes for physically invalid children which are conducted there. This is the only addition, so far, to the existing classes for mental cases at Motherwell, but adequate provision is being made for the education of this type of defective child in the Monklands' districts in the new special school at present under construction near Coatbridge. Several feeble-minded children, however, have been sent for education to one or other of the special Institutions such as Birkwood, Lesmahagow, and St. Charles' Institution, Whiteinch.

3. Backward Children.

There is nothing further to report this year under this heading. The classes for dull or backward children which were established in several of the larger primary schools are still being successfully conducted.

4. Blind and Partially Blind Children.

During the course of the year, St. Vincent's Institution, Tollcross, for the education and training of blind and deaf-mute children, formerly conducted by the Catholic Authorities, was transferred to the Education Authority. So far, this is the only school under the jurisdiction of the Authority for dealing with blind children, but during the course of the year several children who were either totally blind or "educationally" blind were sent for education to special Institutions in Edinburgh. The problem of dealing with "high myope" cases throughout the County still remains unsolved, but provision is being made at the special school at present under construction near Coatbridge for dealing with high myopic children in the Monklands' districts.

5. Deaf and Deaf-Mute Children.

The special classes for these children which have been in operation for several years at Woodburn Special School, Hamilton, continue to be conducted with marked success, and during the present year the Authority has taken over the management of the classes for deaf-mute children at St. Vincent's Institution, Tollcross. Children who, on account of remote residence, or other cause, cannot attend the Special Classes at Hamilton, are sent for education to one or other of the special institutions, such as Donaldson's Hospital, Edinburgh; the Royal Edinburgh Deaf and Dumb Institution; and St. Vincent's Institution, Tollcross.

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For arrangements see Report for year ending 31st July, 1920 (page 27).

X.

FEEDING OF CHILDREN.

As has been mentioned in previous Reports, arrangements are made for the supplying of meals to all children in attendance at the special schools or classes for invalid children. Arrangements are also in force for the supplying of meals to "Necessitous" children in attendance at the ordinary schools, and for the year ending 31st July, 1925, 2555 meals were provided for these children.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

This branch of School Health Administration has, so far, been confined to the treatment of visual defects, of defective teeth, and of diseases of the ear, nose, and throat. In addition, a certain amount of treatment of minor ailments of the eyes was conducted at the eye clinics. However, the Authority has sanctioned the setting up of clinics to deal with minor ailments of a general character and it is proposed to establish next session four such clinics in the more densely populated districts of the County. When fuller experience of the working of such clinics has been obtained, it is probable that this number will be considerably increased.

Some comment has been made on the delay on the part of the Authority in setting up clinics to deal with minor ailments, but it has to be remembered that the Authority had embarked on an extensive scheme of visual and dental treatment of school children and wisely determined to perfect these two branches of treatment—probably the two most important in the whole scheme of School Medical work—before launching out on any new undertaking, arguing that it was preferable to have two highly important branches of treatment thoroughly organised than to dissipate its energies on half-a-dozen schemes which would afford treatment to only a relatively small proportion of their school population. That the Authority's policy was a sound one is evidenced by the marked success of its dental and visual treatment schemes, when no fewer than 10,100 children received dental treatment this year and 2858 children obtained treatment from the ophthalmic surgeons.

However, now that these two schemes have been firmly established and organised, it has been considered advisable to extend the scheme to embrace the treatment of minor ailments. It is well known that there is a very large amount of absenteeism from school on account of children suffering from more or less trivial ailments which, because of their relative unimportance, receive scant attention from the parents. The result is that what was primarily a very minor condition rapidly develops into a much more extensive one, and although the general health of the child may not be seriously jeopardised he is unable to mix with his class mates, or, indeed, attend school with any degree of comfort to himself. Take, for instance, the commonest of all skin diseases among school children, namely, Impetigo. The disease usually commences as a small, circumscribed eruption, frequently on the chin. At this stage it is very amenable to treatment and should easily be cured within a week. But if it is neglected—and it generally is—the disease spreads rapidly till, perhaps, the whole face is involved, and the process of treatment might now easily occupy several weeks. The general health of the child remains good, but the disfigurement is great and the liability to pass the disease on to a class-mate is always present. A case of this nature which recently came under the observation of the School Medical Officers had lasted for many months and the disease had involved the legs, body, and arms of the child. As the facilities at home for treating the condition were practically non-existent, the child had to be sent to hospital for treatment. Other conditions which, although classified as " minor," might have serious consequences are inflammatory conditions of the eyelids, discharge from the ears, septic sores of the head or body, early infection of " itch," ringworm, and so on. All of these conditions can, generally, be adequately treated at a school clinic, with the result that not only is the physical welfare of the child attended to but his scholastic progress is subjected to a minimum of disturbance.

The Authority's scheme of ear, nose, and throat treatment continues to be carried out with very satisfactory results. The work is conducted at two centres—Beckford Street Hospital, Hamilton, and the Carnegie Welfare Institute, Motherwell. The number of cases treated is steadily increasing each year, and one encouraging feature is that the applications for treatment are now coming from the more outlying districts of the County, and not merely from the immediate vicinity of Hamilton and Motherwell as formerly.

A detailed account of the work undertaken during the year in connection with the Authority's schemes of treatment will be found in a subsequent section of this Report.

TABLE A.—ALL PUPILS EXAMINED AT THE SYSTEMATIC EXAMINATION FOR THE YEAR ENDING 31st JULY, 1925.

SCHOOL MANAGEMENT AREAS.	SCHOLARS EXAMINED IN EACH GROUP.											*Conditions Notified.	Average Number of Scholars on Register.
	Infants (6 years & under)		Age Group (9 years)		Seniors (12 years).		Higher Grade (16 years).		Selected Cases.		*Total.*		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			
Avondale	26	26	49	44	49	43	......	......	27	46	310	148	904
Biggar	15	16	31	34	32	34	7	10	4	5	188	33	628
Blantyre ..	60	58	219	194	174	178	......	......	120	154	1157	638	3752
Bothwell	256	245	708	706	759	709	20	52	505	577	4537	2850	12930
Cadder	103	98	206	227	222	184	......	......	113	123	1276	789	3749
Cambuslang ..	49	71	284	265	269	268	10	8	235	221	1680	908	5286
Cambusnethan	101	82	305	294	344	357	10	18	183	201	1895	767	6540
Carluke	20	53	99	95	112	80	......	......	56	42	557	192	1869
Carnwath ...	29	36	98	81	66	71	......	......	28	35	444	103	1476
Dalserf	110	99	222	214	219	224	13	6	182	223	1512	726	4430
Dalziel	193	186	514	526	600	531	71	47	237	252	3157	1054	10773
Douglas	22	18	26	23	22	25	......	......	9	9	154	59	502
East Kilbride ..	12	11	43	36	30	30	—	—	29	37	228	115	674
Glassford	10	3	9	16	12	13	......	......	12	16	91	51	237
Hamilton ...	119	124	465	519	575	536	58	46	368	367	3177	1720	10282
Lanark	64	67	158	137	180	188	14	21	40	55	924	208	3103
Lesmahagow ..	47	49	129	133	126	116	—	—	74	78	752	289	2236
New Monkland .	124	108	431	405	453	409	18	18	245	272	2483	1284	9473
Old Monkland	196	192	649	618	684	722	42	48	485	526	4162	2266	13221
Rutherglen	49	58	264	279	323	273	21	9	272	257	1805	1114	5270
Shotts	96	115	297	277	267	247	......	......	195	175	1669	975	5090
Southern	12	9	17	22	20	17	......	......	5	6	108	26	347
Stonehouse	22	15	49	42	30	34	......	......	32	44	268	153	766
TOTALS	1735	1739	5272	5187	5568	5289	284	283	3456	3721	32534	16468	103538

*Defective teeth not included.

TABLE B.—SHOWING THE REMEDIAL MEASURES INSTITUTED.

SCHOOL MANAGEMENT AREAS.	Clothing and Footgear.		*Cleanliness.*								*Condition of Skin.*								Nutrition.		*Nose.*		*Throat.*				Lymphatic Glands.		External Eye Disease.		Squint.		Vision.		Ear Diseases, Wax, etc.		Hearing.		Heart and Circulation.		Lungs.		Nervous System.		Tuberculosis (Non-Pulmonary).		Other Conditions.		Total Number of Children Notified.	Number of Children Receiving Attention.	Total Number of Conditions Notified.	Total Conditions Remedied.
			Head.				Body.				Impetigo.		Ringworm.		Scabies.		Other Diseases.				Nasal Obstruction.		Tonsils.		Adenoids.																											
			Nits and Dirty.		Lice.		Nits and Dirty.		Lice.																																											
	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Received Medical Attention	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Received Medical Attention	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied	Notified	Remedied				
Avondale ...	2	2	19	10	18	9	11	7	23	14	4	4	1	1	1	0	3	3	—	—	8	3	8	—	—	—	—	—	2	1	8	4	32	23	5	2	—	—	1	—	1	—	—	—	—	—	1	—	84	51	148	83
Biggar ...	—	—	3	3	3	3	1	1	1	1	—	—	—	—	—	—	1	1	—	—	—	—	8	1	—	—	—	—	2	2	—	—	9	7	4	2	—	—	1	1	—	—	—	—	—	—	—	—	28	17	33	22
Blantyre ...	5	5	102	88	85	71	19	12	73	53	41	34	4	3	1	1	15	13	—	—	14	3	18	13	1	1	3	3	33	22	42	18	141	85	28	23	2	—	1	—	4	3	1	1	—	—	5	4	436	309	638	456
Bothwell ...	214	168	385	264	184	113	338	234	186	118	59	49	6	4	6	5	13	7	11	8	13	6	125	82	97	54	38	29	122	98	145	80	686	401	42	32	19	9	43	29	28	15	5	2	10	5	75	55	1860	1174	2850	1867
Cadder ...	81	58	132	108	66	49	68	46	53	44	23	19	1	1	4	4	12	8	5	1	9	2	60	27	17	7	9	3	27	23	31	11	140	71	11	9	—	—	9	5	2	—	1	—	5	3	23	17	522	352	789	516
Cambuslang ...	35	22	79	65	28	18	52	35	32	24	22	16	4	4	1	1	15	7	1	—	4	3	55	36	50	36	32	23	58	42	54	32	276	162	17	14	8	3	26	19	10	7	4	2	4	2	41	20	641	453	908	593
Cambusnethan ...	25	15	99	55	57	31	32	18	95	47	9	8	—	—	3	2	9	8	—	—	7	3	38	23	15	6	2	2	14	8	31	12	250	156	46	31	5	5	10	6	4	3	2	—	3	—	11	5	575	360	767	444
Carluke ...	12	4	20	16	12	11	15	6	17	13	5	4	—	—	—	—	3	3	—	—	4	4	7	7	—	—	1	1	2	—	9	6	80	62	5	5	—	—	—	—	—	—	—	—	—	—	—	—	143	108	192	142
Carnwath ...	9	3	13	10	3	2	5	2	7	6	—	—	—	—	3	2	—	—	—	—	4	1	4	2	1	—	2	—	1	1	2	—	42	35	5	4	—	—	—	—	—	—	2	—	—	—	—	—	79	62	103	68
Dalserf ...	23	16	102	82	72	59	22	13	46	31	38	29	2	1	2	2	19	14	1	—	18	8	38	19	18	8	2	1	29	23	47	29	159	112	46	37	—	—	13	3	9	6	—	—	2	—	18	7	520	346	726	500
Dalziel ...	54	23	111	64	70	37	35	17	94	51	8	5	1	—	1	1	13	9	4	2	3	2	58	30	11	6	5	4	19	9	74	28	400	256	59	44	9	2	8	4	3	2	4	—	—	—	10	6	777	490	1054	602
Douglas ...	5	5	7	6	3	3	3	3	3	1	—	—	—	—	—	—	—	—	—	—	1	—	4	2	2	1	—	—	1	1	2	1	21	14	4	1	2	—	—	—	—	—	—	—	—	—	1	—	45	29	59	38
East Kilbride ...	2	—	13	8	10	5	5	1	17	10	3	2	—	—	—	—	2	2	—	—	4	3	3	2	1	1	—	—	5	3	5	4	35	29	3	2	—	—	1	—	2	1	1	—	—	—	3	2	80	58	115	75
Glassford ...	—	—	11	10	8	7	2	1	10	6	2	1	—	—	—	—	3	2	—	—	2	1	1	1	—	—	1	1	1	—	3	1	6	5	—	—	—	—	—	—	—	—	—	—	—	—	1	1	31	24	51	37
Hamilton ...	19	15	203	154	171	121	47	22	159	115	73	48	4	1	3	2	48	38	1	—	72	41	52	16	21	9	18	10	84	49	106	55	492	314	59	49	7	4	25	6	25	20	2	—	4	2	25	8	1187	799	1720	1099
Lanark ...	3	3	13	9	10	6	4	1	14	8	3	3	—	—	—	—	—	—	—	—	3	3	16	11	5	4	—	—	2	—	15	11	105	73	11	9	1	1	—	—	1	1	1	—	—	—	1	1	175	121	208	144
Lesmahagow ...	—	—	35	27	25	17	8	4	36	17	3	3	7	3	4	3	7	5	—	—	17	9	26	13	1	1	2	2	9	6	15	8	65	53	12	12	1	—	8	2	3	3	—	—	—	—	5	3	222	157	289	191
New Monkland ...	119	77	182	137	124	87	95	58	90	57	55	41	3	3	7	6	22	19	6	1	7	4	102	52	21	12	7	4	30	23	92	30	270	119	15	12	3	—	9	8	2	1	1	—	3	1	19	6	855	499	1284	758
Old Monkland ...	224	176	334	285	197	170	160	116	199	154	94	87	5	2	15	13	12	6	7	—	8	6	76	39	27	11	7	4	54	28	126	86	605	373	37	23	2	1	26	18	10	7	2	—	1	—	38	26	1513	1034	2266	1631
Rutherglen ...	58	48	131	99	67	38	135	96	84	61	32	23	1	1	1	—	17	8	2	1	1	1	44	25	41	25	29	20	49	37	49	24	294	145	15	11	8	5	6	4	6	4	2	2	3	—	39	22	802	445	1114	700
Shotts ...	59	52	124	92	76	58	110	81	55	36	23	16	—	—	11	11	6	2	2	2	1	—	60	35	41	24	18	11	44	28	47	25	211	123	16	11	11	6	21	20	7	4	1	—	3	1	28	21	635	410	975	659
Southern ...	1	1	5	3	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	1	1	1	—	—	—	—	10	10	3	2	—	—	—	—	—	—	—	—	—	—	—	—	21	18	26	22
Stonehouse ...	16	16	14	11	9	5	7	5	3	1	4	4	—	—	—	—	2	—	—	—	4	2	16	14	7	6	—	—	7	5	6	5	38	24	6	6	—	—	6	4	—	—	—	—	—	—	8	5	109	79	153	113
TOTAL ...	966	709	2137	1606	1301	923	1174	779	1297	868	501	396	39	24	63	53	222	155	40	15	204	105	821	451	378	213	177	119	595	409	909	470	4367	2652	449	341	78	36	214	129	117	77	29	7	38	14	352	209	11340	7395	16468	10760

REPORT ON VISUAL TREATMENT.

The following Reports for the year ending 31st July, 1925, have been received from the various ophthalmic surgeons :—

(DR. ERNEST THOMSON.)

CENTRES :

Abington, Airdrie, Bellshill, Biggar, Cadder,
Carluke, Carnwath, Lanark, Lesmahagow.

It is customary when dealing with Annual Reports to compare the results of the year's working with those of the previous year, or to show by means of a graph or curve how one year compares with all the previous years. As a general rule in any successful undertaking such a curve shows a progressive increase up to a peak or highest point after which no material increase or decrease occurs in the absence of some new factor which may cause a general rise or fall of the curve. If such a curve were drawn for all the years since 1914 when the Authority's scheme of treatment was inaugurated it would have shown, for visual treatment, a progressive fall during the war years. Then came the new factor in the form of a complete change of conditions and it would be seen that a sharp rise is now taking place in the numbers of children coming forward for treatment and being treated. Thus, in the treatment centres under the writer's care, 516 children were examined for the first time in 1922-23, 692 in 1923-24, and in the year now under consideration no fewer than 817. It needs no further words to prove, if figures talk, that the Authority's treatment scheme must be considered to be a " successful undertaking " from the point of view of benefit to the public.

But while the curve showing the work done and the benefit accrued shows a progressive rise, the writer feels that his curve of quantity and quality of useful fresh information derivable from the actual analysis of the statistics and from the experience gained is rapidly falling and must eventually approach the zero line the line of zero potential, if one may borrow an expression from the electrician. In this particular year, however, he has been saved from such a catastrophe by a fortunate chance which enabled him to inspect one of the London County Council's myopia schools, under the guidance of the Council's oculist, Mr N. Bishop Harman, F.R.C.S. This question of special schools or, as will be observed, special classes in ordinary schools, for children who are defective sighted and yet quite unsuited for blind schools, and who are likely to have their defect increased by the strain of ordinary school work, is a difficult yet urgent one. In a large urban school it is a practical impossibility to insure that any given child will receive continuous special care in the matter of restricted eye work. Experience has shown that it is hardly possible for the Head Teacher to maintain that supervision of a relatively small number of individuals which is urgently required if myopic and other defective-sighted children are to be educated in such a way as (1) Not to interfere too much with their progress ; (2) Not to do further damage to their eyesight ; (3) Not to interfere with the work of other scholars. In the case of rural schools with small numbers of pupils the difficulty of special supervision is, fortunately, not so great. One says "fortunately" since the difficulty of forming a special class in any given school for one or two children, or, alternatively, of bringing children long distances to one school, is almost insuperable. In a large urban area the difficulty largely disappears since a class may be formed at one school to which children may be sent from other schools.

In view of the probability of the formation of special classes in Lanarkshire, the following notes of the writer's visit to the L.C.C. school and of his conversation with Mr Harman and the Head Teacher may be of interest.

The "school," if one may call it so, was really a small set of class rooms attached to an ordinary school. Indeed, Mr Harman insists that the myopia school should always take the form of class rooms attached to and forming part of an ordinary school. This for two principal reasons:—(1) In order that there may be no "blind" stigma attaching to the children, (2) in order that the myopic or otherwise defective-sighted (not blind) child may have the advantage of such teaching in the ordinary school as does not involve the use of books, and may obtain such recreation with fellow pupils as may be suitable, each case being considered on its merits as to what may or may not be undertaken. The myope classes as they are called, though all the pupils are not necessarily myopic, are attached to urban schools and each serves a district. With regard to defective-sighted children in rural schools, Mr Harman would not insist on myope classes but would rely on the carrying out by the teacher of such instructions as the ophthalmic surgeon may give regarding the education of special pupils.

The essence of the conduct of the myope class is NO BOOKS—no books at all—and no possibility of stooping at work. The seats are low and individual with a table in front of each pupil at which manual work can be carried on, as, for instance, modelling in plasticene. The flat top of the table can be tilted up to make a nearly vertical black board on which drawing and printing may be done at arms' length.

Given the fact that no books of any kind or description may be used by the pupils, the details of the teaching, whether by oral instruction, by the making of maps and drawings from large scale copies, or by the crayonning or printing of sentences, are largely left to the experience, wisdom, and ingenuity of the teacher. If a myopic child has for the moment no spectacles, due to loss or breakage, he is allowed to do such work as modelling only.

A very important question is that which concerns the exact defect of sight which should place a pupil in the myope class. The tendency is for the Authority to expect a certain standard of defect. Mr Harman is of opinion that no standard can, in the nature of things, be adopted, that each case must be treated on its merits, and that no one, other than the ophthalmic surgeon himself, is in a position to say whether or not such and such a child should be placed in the myope class. With this view the writer, from his own experience, is in complete agreement. No standard is possible since a decision as to any pupil can only be arrived at after a full study of the eye condition with special reference to the probability of extension of the visual defect, and this irrespective of whether the defect—usually myopia—be at the moment of high degree or low degree. It would be just as absurd to send to the myope class a case of low myopia having, possibly, rather defective visual acuteness but with nothing to suggest extension, as it would be to send to the ordinary school a case of myopia presenting all the signs of dangerous advance of the disease, yet having at the moment fairly good vision. Further, there are cases in which the degree of myopia is either very small or actually at the moment non-existent, but in which, from the appearances of the interior of the eye, the development of the condition and its probable increase thereafter can be prognosticated with considerable confidence. No one will be found to assert that any standard of visual acuteness can be given for the detection of such cases, or that any one, other than the specially trained ophthalmologist, is in a position to interpret the appearances at the back of the eye correctly.

It might be thought, and in fact often is thought, that children taught without books would almost necessarily fall behind in their education. The writer can only say that a demonstration by the lady teacher at this class was evidence that this does not seem to be the case, although one may well suppose that the teacher must be one who possesses wisdom and experience, who is free of preconceived ideas and prejudice, and who is prepared to enter wholeheartedly into work which is of a specialised type. Obviously, also, he—or more probably she—ought to have some training in the anatomy and physiology of the eye and have some knowledge of the defects which her teaching efforts are intended to minimise as much as possible. It should be remembered also that the myopic child is usually mentally alert, a well known fact, and that this alertness will tend to neutralise the drawback involved in the absence of books.

Coming, lastly, to the application of such a scheme of special classes to the area of the Lanarkshire Authority, it seems evident that the greatest care should be taken in the selection of teachers with the special qualities of mind which have been indicated and who have either had or can be given the opportunity to study the method of working such classes at first hand. One can imagine no step more false than to expect an ordinary school teacher to grasp the " no books " principle without having studied it or seen it actually at work

The record of work done at the clinics during the year is as follows :—Number of cases examined, 817 ; number of children who were re-examined and had their spectacles checked, 835 ; total number of attendances at the Clinics, 1652.

(DR. JOHN A. MORTIMER.)

CENTRES :

Baillieston, Blantyre, East Kilbride, Larkhall, Shotts, Strathaven, Uddingston, Wishaw.

In the above areas 663 children have been examined and treated during the past session. It is noticeable that there is still a preponderance of girls over boys requiring ophthalmic treatment, there being 173 more girls than boys.

The three main subdivisions of this work, viz. :—Myopia, Squint, and External Diseases—have again specially attracted my attention, and a careful endeavour has been made to obtain statistics of these three groups of cases in order to ascertain (1) which class of the community is most affected by these conditions ; (2) whether children living in an essentially urban district are liable more or less than those living in country districts ; (3) whether they have any relation to housing conditions and to over-crowding.

In summarising the year's work, one finds that the percentage of myopia over all the areas remains practically constant from year to year—being 16.7 per cent. in 1923-24 and 15.8 per cent. in 1924-25, yet the percentage of an individual area may vary tremendously from year to year, e.g., Shotts area last year showed 8.4 per cent. myopia and this year 23 per cent. ; Baillieston area last year 26.4 per cent. and this year 5.8 per cent. Similarly, squint cases show the same constancy over all areas, viz. :—23.6 per cent. in 1923-24 and 24.8 per cent. in 1924-25, but here also individual areas vary greatly from year to year, e.g., Shotts last year showed a percentage of 31.9 squinters and this year 19.7 ; Strathaven 4.5 per cent. last year and 40 per cent. this year. The percentage of external diseases presents a similar picture of constancy, being 12.8 per cent. for all areas in 1923-24 and 13.5 per cent. for all areas in 1924-25, but the percentage of the individual areas does not vary within the same wide limits from year to year as the former two groups.

The considerable variation of these percentage figures would cause one to obtain more detailed statistics before authoritatively stating that myopia or squint is more common or less common in country areas as compared with urban areas or that any particular class of the community is more prone than another to these affections. With these ends in view I have obtained detailed statistics in 598 of the 663 children examined and treated during the past session :—(1) as to occupation of the parents, (2) as to whether they resided in typically urban or country environment, (3) as to the total number of people living in the house they reside at, (4) as to the number of rooms in the house.

The results of these statistics will be taken in order :—

(1) Occupational Incidence.—I have classified these cases into three groups according to the occupation of the parents—(1) Mining, (2) Agricultural, (3) Other trades. The Mining Class showed the highest myopia incidence, 19.2 per cent., other trades, 18.7 per cent., and the purely agricultural class only 11.5 per cent. On the other hand, the agricultural class showed by far the highest

squint incidence, 30.7 per cent. and external disease incidence 15.4 per cent., the mining class showing 24.3 per cent. squint and 11.2 external diseases, while other trades showed 26.8 per cent for squint and 8.5 per cent. for external diseases.

	Myopia Percentage.	Squint Percentage.	External Diseases Percentage.
Mining Class	19.2	24.3	11.2
Agricultural Class	11.5	30.7	15.4
Other Trades	18.7	26.8	8.5

(2) ENVIRONMENTAL INCIDENCE.—Particular care was taken in each case to elicit whether a child lived in an urban part or in a typically country part. There were 252 children living in country environment and these showed a myopia incidence of 19.4 per cent., squint incidence 25 per cent., external disease incidence of 9.9 per cent. 346 children lived in an urban environment and these showed a myopia incidence of 19.7 per cent., squint incidence of 26.9 per cent., external disease incidence of 10.4 per cent.

Environment	Number of Children.	Myopia Percentage.	Squint Percentage.	External Diseases Percentage.
Living in country district	252	19.4	25	9.9
Living in urban district	346	19.7	26.9	10.4

(3) NUMBER IN FAMILY INCIDENCE.—The total number of occupants in the house each child lived in was ascertained and two groups were made :—(*a*) Those who lived in a house with from 1-6 occupants ; (*b*) those who lived in a house with seven or more occupants. The following table shows the incidence of the three affections :—

	Number of Children.	Myopia Percentage.	Squint Percentage.	External Diseases Percentage.
1-6 Occupants.	273	19.4	25.2	8
7 and over Occupants	325	17.2	26.7	12.3

(4) INCIDENCE IN RELATION TO AMOUNT OF ACCOMMODATION.—The number of apartments in each house was ascertained and divided into three groups :—(*a*) one-roomed house ; (*b*) two-roomed house ; (*c*) house of more than two rooms.

Size of House.	Number of Children.	Myopia Percentage.	Squint Percentage	External Diseases Percentage.
One Apartment	112	19.6	37.5	11.6
Two Apartments.	308	17.2	26.2	10.3
Three and over Apartments	178	19.6	17.9	9.5

It will be seen from the above results that myopia has its highest incidence among the mining class and lowest among the purely agricultural class, also that it is practically equally incidental amongst children living in country districts as in urban districts. It would therefore seem that though the country dweller is not less prone to myopia than the urban dweller yet it is not amongst children of the purely agricultural class of country dwellers that this high incidence occurs but amongst the children of parents who have other occupations than agriculture.

Myopia seems to have little relation to overcrowding or to the size of the family, having a slightly higher percentage in the smaller families than in the larger ones, and having an equal percentage in the families inhabiting a one-apartment house and those inhabiting a house of three apartments or more.

On the other hand, squint and external diseases have a higher incidence amongst the purely agricultural class of country dwellers though the incidence in country dwellers as a whole is less than urban dwellers. These two affections have a higher percentage among (*a*) urban dwellers, (*b*) amongst the children of large families, (*c*) amongst the children inhabiting one or two-apartment dwellings. They are therefore in direct relationship to overcrowding and to the size and hygiene of the dwelling.

Myope classes are now being instituted in certain centres of the county where special supervision and special methods are aiming at the prevention of the continued development of this affection and where provision of educational facilities under the best hygienic conditions will be obtainable. This is a genuine measure for the conservation of vision and the prevention of blindness.

Number of cases examined, 663 ; number of children who were re-examined and had their spectacles checked, 556 ; total number of attendances at the Clinics, 1219.

(DR. W. HISLOP MANSON.)

CENTRE : Coatbridge.

The cases coming forward for examination during the past session presented the usual features. A survey of the cases reveals one specially important point, and that is that where the defective vision is due purely to refraction errors the response to treatment by the use of glasses is very satisfactory. This defective vision is what might be termed " physiological," being, as a rule, due to the shape of the eyeball. On the other hand, there is the other form of visual defect which might be termed " pathological." This latter type arises, in the great majority of cases, prior to school age and might well have received treatment previous to the child entering school, either at one of the Eye Dispensaries or at the Child Welfare Clinic.

These pathologically defective cases are mainly composed of squints and corneal opacities. The squinting eye, by systematic treatment, can be prevented in most cases from becoming amblyopic, and the defective vision arising from corneal ulcers can, by careful treatment, be to a great extent remedied.

At the Coatbridge Clinic, 335 new cases were examined—147 boys and 188 girls; 218 cases were re-examined and had their glasses checked: total attendances at the Clinic were 553.

(DR. H. SOMERVILLE MARTYN.)

CENTRES: Cambuslang and Rutherglen.

For details as to the number and nature of the cases treated, reference may be made to the tables attached.

I desire to emphasize what has already been commented on by most of my colleagues, viz.:—the importance of the re-visits alike to examiner and examined. To the former is furnished indisputable evidence that correcting glasses which originally gave little improvement in visual acuity or, at anyrate, failed to give standard vision, do ultimately give, when constantly worn, standard vision. So convinced am I of the fact, that in cases where standard vision is not obtained, it may be taken for granted that the glasses have not been constantly worn. This admission is usually obtained on close questioning of the child and, where the admission is not made, corroborative evidence may not infrequently be found in the absence of that weather-worn appearance of glasses constantly in use. As regards cases of squint, it becomes more evident that glasses, if constantly worn, are a cure, and that, despite the somewhat late correction of the refractive error. In practically all cases some improvement is seen where one can feel reasonably sure that the correcting lenses are being worn.

The constant wearing of the lenses and the keeping of them clean are all important factors in the treatment, and, with the loyal co-operation of parents and teacher, the results attending the efforts of the ophthalmic surgeons are bound to be vastly better.

At the Cambuslang Clinic:—Number of cases examined, 196; number of children who were re-examined and had their spectacles checked, 127; total number of attendances at the Clinic, 323.

At the Rutherglen Clinic:—Number of cases examined, 108; number of children who were re-examined and had their spectacles checked, 140; total number of attendances at the Clinic, 248.

(DR. JAMES A. WILSON.)

CENTRE: Motherwell.

Several cases with high degrees of myopia and two cases of aniridia (absence of iris) have been recommended for special consideration. Four cases of hysterical visual defect were dealt with.

The necessity for the "re-visiting" is again manifest; about six per cent. had failed to obtain the glasses prescribed; about eight per cent. had broken their glasses or had broken or twisted the frames; while about five per cent. were not using the glasses, or were not using them constantly.

Delay in obtaining the glasses and irregular wearing of the glasses are frequent causes of the complaint that the glasses are not suiting.

Among the squinters, in over twenty per cent. the squint had disappeared and this recovery was maintained so long as the glasses were worn, while in most of the other cases definite improvement was evident.

Number of cases examined, 360; number of children who were re-examined and had their spectacles checked, 253; total number of attendances at the Clinic, 613.

(DR. JAMES R. WATSON.)

CENTRE : Hamilton.

The work of the Hamilton Clinic has had no unusual features. Tables C., D., and E. show the number of cases examined, the nature of the refraction error corrected, and conditions other than refractive errors met with. The re-visits have a use apart from letting one know the progress made as I have frequently found children wearing the spectacles of other children. When glasses are removed for gymnastics it is very easy for the various pairs to be mixed up and this has actually happened. The improvement noticed in the vision at re-visits has for the most part been marked, particularly gratifying has been the degree of improvement in cases with more defective vision in one eye as this gives a greater chance of binocular vision.

Number of cases examined, 379; number of children who were re-examined and had their spectacles checked, 191; total number of attendances at the Clinic, 570.

VISUAL TREATMENT.

TABLE C.—(*a*) Showing Total Number of Cases Examined; (*b*) Number Re-visited; (*c*) Total Attendances at Clinic; (*d*) Number Treated by Glasses; (*e*) Number Treated Otherwise or Advised; (*f*) Number Uncompleted and Not Requiring Treatment. Year ending 31st July, 1925.

TREATMENT CENTRE.	Number of Children Examined.	Number of Children Revisited.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted and Cases not requiring Treatment.
DR. ERNEST THOMSON.						
Abington	10	8	18	10	2	—
Airdrie	227	281	508	191	33	3
Bellshill	208	135	343	178	27	3
Biggar	15	23	38	11	2	2
Cadder (*Bishopbriggs and Chryston*)	84	124	208	70	14	—
Carluke	66	48	114	61	5	—
Carnwath	39	80	119	35	4	1
Lanark	108	85	193	89	19	—
Lesmahagow	60	51	111	52	7	1
DR. JOHN A. MORTIMER.						
Baillieston	77	86	163	71	6	—
Blantyre	50	13	63	44	6	—
East Kilbride	20	13	33	18	2	—
Larkhall	134	113	247	129	5	—
Shotts	76	93	169	74	2	—
Strathaven	25	24	49	24	1	—
Uddingston	109	97	206	97	11	1
Wishaw	172	117	289	165	7	—
DR. H. SOMERVILLE MARTYN.						
Cambuslang	196	127	323	172	23	1
Rutherglen	108	140	248	96	9	3
DR. W. HISLOP MANSON.						
Coatbridge	335	218	553	302	33	—
DR. JAMES A. WILSON.						
Motherwell	360	253	613	290	70	—
DR. JAMES R. WATSON.						
Hamilton	379	191	570	366	13	—
	2858	2320	5178	2545	301	15

VISUAL TREATMENT.

TABLE D.

Table Showing Conditions, other than Refraction Errors, whether Treated or Advised.

CLINIC.	Squint (Convergent).		Squint (Divergent).		Corneal Opacity.		Blepharitis and Conjunctivitis.		Phlyctenular Conjunctivitis.		Cataract.		Nystagmus.		Choroido-Retinal Changes (Myopic).		Do. other than Myopic.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
DR. ERNEST THOMSON.																		
Abington	......	2	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......
Airdrie	40	25	3	5	3	7	3	5	4	1	2	......	......	1	1	......	1	3
Bellshill	19	19	3	6	4	8	1	1	......	......	1	2	......	2	2	2	......	2
Biggar	......	......	......	......	......	......	......	......	......	......	......	1	......	......	......	......	......	......
Cadder (Bishopbriggs and Chryston)	9	9	1	......	3	3	......	4	......	1	1	......	1	......	......	1	1	......
Carluke	7	4	1	......	......	1	......	1	......	......	......	......	1	......	......	1	......	......
Carnwath	2	6	......	1	......	......	......	......	......	......	......	......	1	......	......	......	......	......
Lanark	6	12	......	2	3	2	1	3	......	......	1	......	1	1	......	......	1	1
Lesmahagow	7	5	......	......	1	2	1	1	......	......	......	......	......	......	......	......	1	......
DR. JOHN A. MORTIMER.																		
Baillieston	13	11	......	......	4	4	......	3	......	......	1	2	......	......	......	......	2	......
Blantyre	10	3	......	......	2	6	1	2	......	......	......	......	......	2	......	......	......	1
East Kilbride	......	3	......	......	1	3	......	1	1	1	......	......	......	......	......	......	......	......
Larkhall	23	14	......	......	1	9	2	3	......	......	1	......	1	1	......	1	......	......
Shotts	5	9	1	......	1	3	......	3	......	......	......	1	......	2	......	......	......	......
Strathaven	3	7	......	......	......	2	......	......	......	......	......	......	......	......	......	......	......	......
Uddingston	8	19	1	......	......	6	......	3	......	......	......	......	......	......	......	......	......	......
Wishaw	16	17	......	2	4	10	1	7	......	1	......	1	......	1	......	......	......	......
DR. H. SOMERVILLE MARTYN.																		
Cambuslang	32	22	2	......	11	15	3	6	1	......	2	......	3	1	......	1	1	......
Rutherglen	8	8	......	......	3	6	......	......	......	......	......	1	......	2	1	1	1	......
DR. W. HISLOP MANSON.																		
Coatbridge	41	47	......	4	18	25	1	5	......	......	......	1	1	2	1	1	......	......
DR. JAMES A. WILSON.																		
Motherwell	42	51	......	3	3	13	5	3	......	......	1	......	2	3	......	......	......	......
DR. JAMES R. WATSON.																		
Hamilton	43	28	......	......	2	......	5	1	......	......	2	......	1	1	......	......	......	......
	334	321	12	23	64	125	24	52	6	4	12	9	12	19	5	8	8	7

CLINIC.	Ptosis.		Keratitis.		Chronic Anterior Choroiditis.		Hordeolum.		Optic Atrophy.		Xerosis of Conjunctiva.		Aniridia.		Corneal Ulcer.		Sequelae of Iritis.		Vitreous Opacities.		Coloboma of Iris and Choroid.		Leucoma Adherens.		Detachment of Retina.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
DR. ERNEST THOMSON.																										
Abington	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......
Airdrie	1	......	......	1	......	......	......		......	1	......	......	......	......	......	......	......	1	......	......	......	2	1	......	......	......
Bellshill	1	1	......	......	......	......	......	......	......	2	......	......	......	1	......	......	......	......	......	......	......	......	......	......	......	......
Biggar	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......
Cadder (Bishopbriggs and Chryston)	......	......	......	......	......	......	2	3	......	......	......	......	......	......	......	......	1	......	......	......	......	......	......	......	......	......
Carluke	......	1	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......
Carnwath	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......
Lanark	......	......	......	......	......	1	......	1	......	......	1	......	......	......	1	......	......	......	......	......	......	......	......	......	......	......
Lesmahagow	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	1
DR. JOHN A. MORTIMER.																										
Baillieston	......	......	......	......	......	......	......	......	1	......	......	......	......	......	......	......	1	1	......	......	......	......	......	......	......	......
Blantyre	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......
East Kilbride	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	1	......	......	......	......	......	......	......	......
Larkhall	......	......	......	......	......	......	......	......	......	......	......	......	......	1	......	......	1	......	......	......	......	......	......	......	......	......
Shotts	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	1	1	......	......	1	......	......	......	......	......	......
Strathaven	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......
Uddingston	......	1	......	......	......	......	......	......	1	......	......	......	......	......	......	......	......	1	......	......	......	......	......	......	......	......
Wishaw	......	......	1	1	......	......	......	......	......	1	......	......	......	......	......	......	......	1	......	......	......	3	......	1	......	......
DR. H. SOMERVILLE MARTYN.																										
Cambuslang	......	......	......	1	......	......	......	......	......	......	......	......	......	......	......	......	......	......	1	......	......	1	......	......	......	......
Rutherglen	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......
DR. W. HISLOP MANSON.																										
Coatbridge	......	......	......	......	......	......	......	......	......	......	......	......	......	......	1	1	......	......	1	......	1	2	1	......	......	......
DR. JAMES A. WILSON.																										
Motherwell	......	1	1	2	......	......	......	......	......	......	......	......	1	1	......	......	......	1	......	......	......	......	......	......	......	......
DR. JAMES R. WATSON.																										
Hamilton	......	1	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	2	......	......
	2	5	2	5	......	1	2	4	2	4	1	......	1	3	2	2	4	6	2	1	1	8	2	3	......	1

[illegible]

VISUAL TREATMENT.

TABLE E.

Showing the Nature of the Refraction Error in those Cases treated by Spectacles, and the Number of Cases Examined.

CLINIC.	1 Hypermetropia.				2 Hypermetropic Astigmatism (Simple and Compound).				3 Myopia.				4 Myopic Astigmatism. (Simple and Compound).				5 Mixed Astigmatism.				6 Eyes not requiring Correction or too Defective for Correction.				7 Cases not Completed.				TOTAL.	
	Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.		Girls.		Boys.	Girls.
	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.		
DR. ERNEST THOMSON.																														
Abington	2	3	1	1	2	1	2	1	1	1	1	1	—	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	5	5
Airdrie	43	37	30	34	24	34	29	27	5	6	11	17	8	7	14	14	7	10	16	11	20	13	17	14	—	—	3	3	107	120
Bellshill	27	28	32	28	23	27	38	44	9	6	7	8	8	10	13	14	6	2	14	13	13	13	15	12	2	2	1	1	88	120
Biggar	2	1	1	1	3	3	—	—	—	—	—	—	1	1	4	3	—	1	1	1	—	—	2	2	—	—	1	2	6	9
Cadder	15	14	13	15	9	10	7	7	2	2	7	5	4	3	3	6	5	5	6	5	6	7	7	5	—	—	—	—	41	43
(*Bishopbriggs and Chryston*)																														
Carluke	16	18	13	13	6	4	13	11	—	—	1	1	2	4	2	2	4	2	4	7	4	4	1	—	—	—	—	—	32	34
Carnwath	2	2	5	5	4	5	6	6	3	3	2	2	4	4	1	3	3	4	3	2	4	2	1	—	—	—	1	1	20	19
Lanark	9	10	17	18	7	8	15	17	5	4	7	8	3	5	7	10	6	4	12	7	10	9	10	8	—	—	—	—	40	68
Lesmahagow	6	7	9	10	9	9	5	5	2	1	3	4	5	4	4	4	3	4	5	5	3	3	5	3	1	1	—	—	29	31
Total	122	120	121	125	87	101	115	118	27	23	39	46	35	38	49	56	34	32	61	53	60	51	58	44	3	3	6	7	368	449
DR. JOHN A. MORTIMER.																														
Baillieston	2	6	1	2	23	20	32	33	—	—	—	—	1	1	4	3	5	3	3	4	3	4	3	1	—	—	—	—	34	43
Blantyre	2	3	1	2	11	9	15	14	—	—	—	—	2	2	9	10	—	1	4	3	2	2	4	4	—	—	—	—	17	33
East Kilbride	2	1	1	1	1	2	10	10	—	—	—	—	—	—	4	4	—	—	—	—	1	1	1	1	—	—	—	—	4	16
Larkhall	4	7	5	5	44	40	48	48	—	—	—	—	2	2	12	12	5	6	9	9	3	3	2	2	—	—	—	—	58	76
Shotts	1	1	4	7	19	19	29	25	1	1	—	—	3	3	8	7	4	4	5	7	—	—	2	2	—	—	—	—	28	48
Strathaven	—	—	—	—	6	6	16	15	—	—	—	—	1	1	—	1	—	—	1	1	1	1	—	—	—	—	—	—	8	17
Uddingston	3	2	6	7	21	20	51	50	1	1	1	1	2	3	10	11	—	1	2	2	5	5	6	5	1	1	—	—	33	76
Wishaw	4	5	7	4	37	38	69	70	2	2	5	6	11	9	18	17	5	5	8	8	4	4	2	4	—	—	—	—	63	109
Total	18	25	25	28	162	154	270	265	4	4	6	7	22	21	65	65	19	20	32	34	19	20	20	19	1	1	—	—	245	418
DR. H. SOMERVILLE MARTYN.																														
Cambuslang	20	18	27	23	38	41	40	45	2	3	6	3	11	8	8	8	8	11	13	13	14	13	8	10	1	—	—	—	94	102
Rutherglen	12	9	2	4	14	23	28	26	9	6	3	4	7	8	10	7	7	5	3	7	2	1	8	6	2	1	1	1	53	55
Total	32	27	29	27	52	64	68	71	11	9	9	7	18	16	18	15	15	16	16	20	16	14	16	16	3	1	1	1	147	157
DR. W. HISLOP MANSON. Coatbridge	37	44	40	40	73	65	86	83	7	9	15	15	12	7	17	17	4	3	15	16	14	19	15	17	—	—	—	—	147	188
DR. JAMES A. WILSON. Motherwell	41	47	67	54	65	57	98	108	8	8	15	14	11	9	15	14	3	5	8	8	11	13	18	23	—	—	—	—	137	223
DR. JAMES R. WATSON. Hamilton	46	43	47	36	73	82	84	91	18	16	14	14	17	20	33	37	16	11	17	18	8	6	6	5	—	—	—	—	178	201

NOTE.—All the cases examined are included in this Table, whether Spectacles were prescribed or not. If no Spectacles were prescribed, the eyes are recorded in one or other of the Columns 6 or 7.

REPORT ON DENTAL TREATMENT.

The record of work done under the Authority's scheme of dental treatment for the year 1924-25 is highly satisfactory. The two additional dental surgeons appointed by the Authority last year commenced work at the beginning of the session, and so a full year's work by the six dental surgeons was obtained. There was no widespread epidemic during the year to hamper the work to any great extent, but in some of the rural districts wet, stormy weather interfered somewhat with the attendance at the Clinics, especially during the early spring months. Nevertheless, in such typically rural areas as the Carnwath and Southern districts, it is found that 70 per cent. and 68.5 per cent., respectively, of the children attended for treatment.

With the addition of two dentists to the staff, making, in all, six full-time dental surgeons, another age group of children was added this year to what had previously been examined. All children from 5 to 12 years of age are now dentally examined each year, and the routine dental inspection has, consequently, passed from the hands of the Medical Officers to the Dentists, with the exception of the 16 years old scholars.

The addition of another age group and a more rigid examination in all areas of the County have resulted in the numbers notified as requiring treatment being somewhat increased this session 70.5 per cent. of all the children examined having been notified. The percentage varies considerably in different districts, those in which dental treatment had previously been regularly carried out showing a very much lower figure than those where, on account of shortage of staff, such regular treatment could not be afforded. The lowest percentage in this respect was obtained in the Cambuslang area (51.5), whilst the highest was in New Monkland area (91.9). The total number of children examined by the dental staff was 69,447, and of these 48,996 were found to stand in need of treatment. The total number of children actually treated by the Authority's dentists during the session was 19,100, a very satisfactory result considering the widely scattered districts which had to be traversed. This fine result could never have been achieved without the use of the two travelling dental outfits. In the urban areas the permanent dental clinics are entirely satisfactory, but in the rural districts it is essential that the dental treatment should be conducted at the schools which the pupils attend.

That there is a steady improvement in the dental condition of the school children in the County cannot be disputed, and those dentists who have been in the Authority's service for several years bear ample testimony to the vastly improved dental hygiene of the pupils who have been regularly under their care. One of the recently appointed dentists (Miss Watson) remarks on the excellent results which she observed when conducting her examinations, especially in the case of the older pupils who had regularly received treatment from the school dentist. In many cases the dental state of these children was perfect. *O si sic omnes* !

The success which has attended the efforts of the staff could not have been nearly so marked had it not been for the hearty co-operation of the teachers, and to them also—Head Teachers and Class Teachers alike—is due, in large measure, the almost complete lack of friction with which the scheme has been carried out. This is especially the case in the rural areas where the school staff willingly gave up their own private room in order that the children could be treated under the most favourable conditions. In more than one instance, where the accommodation for treatment in the school was not satisfactory, the Head Teacher generously offered a room in the schoolhouse. It is such " team work " which makes for the success of every scheme. Thanks are also due to the school janitors for their able assistance and their solicitude in making the clinics as comfortable as possible.

The accompanying Table shows in detail the dental work undertaken in each School Management Area for the year 1924-25.

Mr Bower (Cambuslang, Coatbridge, and Rutherglen districts) in his report on the work accomplished during the past session draws attention to the increased percentage of children accepting dental treatment in his districts. Rutherglen, although showing an improvement on last year's numbers, still lags considerably behind the two other districts, the respective percentages of acceptances being :—Cambuslang, 54.3 ; Old Monkland, 46.6 ; Rutherglen, 34.8. In the last-mentioned area, the highest percentage was obtained from Eastfield Public School (50.0) and the lowest from Macdonald Public School (22.7). In Cambuslang, the highest percentage was obtained from Hallside Public School (64.4) and the lowest from West Coats Intermediate School (31.3). In Coatbridge the highest percentage was from St. Augustine's R.C. School (60.0) and the lowest from Gartsherrie Academy (28.1). Mr Bower comments also on the prejudice which still exists amongst a certain section of the community, chiefly the poorer class, in the matter of conservative treatment. These only see in dental treatment a means of getting rid, once and for all, of a troublesome tooth, and pain is the driving force which most frequently compels them to seek dental advice. Consequently, treatment is sought generally at much too late a stage when extraction is the only remedy left. However, it is hoped that the steady education of the children as regards dentistry will bear abundant fruit, if not in this generation then, probably, in the next. One thing is certain and that is that the demand for dental treatment is steadily and surely growing.

The total number treated was 2985. Extractions (temporary teeth), 3803 ; extractions (permanent teeth), 947 ; fillings, 1319 ; scaling, dressings, and cleaning, 20.

Mr Beattie (Avondale, Biggar, Cambusnethan, Carluke, Carnwath, Dalserf (rural), Douglas, East Kilbride, Glassford, Lanark, Lesmahagow, Stonehouse, and Southern districts), in submitting a survey of the work done by him during the session, comments on the definite improvement seen in the condition of the school children's teeth. Not only is there a fall in the numbers notified but there is also an increase in the numbers accepting treatment. The average daily attendance of children at the clinics was 24.2, out of an average of 25 summoned, a record which it will be difficult to equal, and still more difficult to surpass. The area covered is largely a rural one, and is almost wholly undertaken by a travelling dental outfit. It is hoped that, when circumstances permit, it will be possible to make more frequent visits to the schools than is being done at present. Mr Beattie gratefully acknowledges the efficient and willing assistance which he received from all members of the teaching staff of the several schools.

The total number of children treated was 3950 ; extractions (temporary teeth), 6578 ; extractions (permanent teeth), 659 ; fillings, 1116 ; scaling, dressings, and cleaning, 124.

Mr Kerr (Bothwell, including Bellshill and Uddingston, and Shotts districts) in a summary of his year's work also calls attention to the improvement seen in the dental condition of the children as the result of the regular treatment which has now been proceeding for several years. Although the number of children accepting treatment is fairly satisfactory there is still a considerable amount of parental indifference to the dental welfare of the children and the decision as to whether treatment should, or should not, be undertaken is too frequently left for the children themselves to settle In the absence of pain it is not reasonable to expect young children to come voluntarily to the dentist and if a greater number of parents would accompany their children to the clinic the dentist would have an opportunity of instructing the parents on this most important factor of health. The children are being steadily and surely educated in the care of their teeth, but the problem of how to educate the parents is not so easily solved.

The total number of children treated was 3316 ; extractions (temporary teeth), 4591 ; extractions (permanent teeth), 453 ; fillings, 879 ; scaling, dressings, and cleaning, 12.

Mr Rankin (Blantyre, Larkhall, and Hamilton districts) in his report on the work of the past session draws attention to the great need there is for regular and systematic treatment of the children's teeth at least once a year. Where children have neglected to accept treatment for a year or more the results have been serious. However, there has been a decided increase in the number of children coming to the clinic, who, previously, have persistently refused to have any dental treatment whatsoever, and it is hoped that when they recognise the benefits they have received, both as regards absence of pain and better health, no objection will be raised when next they are summoned for further treatment. In addition to the treatment of school children, by permission of the Education Authority 21 children of pre-school age were treated for the Hamilton Burgh Authority in connection with their scheme of Child Welfare.

The total number of children treated was 2951 ; extractions (temporary teeth), 5084 ; extractions (permanent teeth), 1125 ; fillings, 1084 ; scaling, dressings, and cleaning, 160.

Miss Watson (Motherwell and Wishaw Districts) in her report stated that, as this is her first year as a member of the Authority's staff, she is not in a position to compare this year's dental condition of the school children with any previous year, but she has been much impressed with the perfect dentitions found amongst many of the older pupils, particularly children of twelve years. This, she attributes, in large measure, to the judicious extraction of faulty temporary teeth and to the prophylactic treatment performed every year during the child's earlier school life. A very large number of those children have perfect permanent dentitions, and in very many cases the mouths are perfect without the aid of any fillings.

The total number of children treated was 3106 ; extractions (temporary teeth), 6055 ; extractions (permanent teeth), 585 ; fillings, 1125 ; scaling, dressings, and cleaning, 47.

Mr Rae (Cadder, New Monkland, including Airdrie, and Old Monkland landward districts) in reporting on the work of the past year calls attention to the large number of children coming forward for treatment and to the smoothness of the working of the scheme. This is all the more gratifying when it is remembered that a large part of his work is undertaken by a travelling dental outfit and the treatment actually performed on the school premises. The number of children treated, although very satisfactory, would have been still greater had it not been for the inclement weather which was experienced in some districts at the time when dental treatment was being carried out. As regards the attitude of the children themselves, Mr Rae has found little, if any, difficulty with them when undergoing treatment. The children exhibit a quiet confidence and frequently the mother is much more excitable and nervous than the patient. The contrast between the dental conditions of the untreated child and the one who has received regular treatment is most striking. In the one case there is a clean healthy mouth, while in the case of the other there is a condition which often can only be described as pitiful—fetor, decay, and pain —and nothing short of wholesale extraction would, in many cases, afford any benefit to the child. Mr Rae specially thanks the Headmasters, Class Teachers, and Janitors for their great help in making the dental scheme so successful.

The total number of children treated was 2792 ; extractions (temporary teeth), 7693 ; extractions (permanent teeth), 1174 ; fillings, 1303 ; scaling, dressings, and cleaning, 1.

TABLE F.

DENTAL TREATMENT.

Summary of Work done in the following School Management Areas during the year ending 31st July, 1925.

SCHOOL MANAGEMENT AREAS.	INSPECTION.			TREATMENT.									No. of Pupils.	
	Number of Pupils Examined.	Number of Notices issued to Parents.		Number of Pupils Treated.		NATURE OF TREATMENT.							Necessitous.	Partly Necessitous.
						Extractions.		Fillings.		Scaling.	Dress-ing.	Clean ing.		
		Boys.	Girls.	Boys.	Girls.	Temp.	Perm.	Cem.	Amal.					
Avondale	570	184	177	99	107	350	44	1	45	2	2	4	113	93
Biggar	392	121	137	84	99	292	31	4	64	5	1	4	128	55
Blantyre	2633	869	789	402	390	1321	249	8	215	4	13	4	644	148
Bothwell	9787	3753	3737	1069	1073	2698	282	—	575	5	4	2	1765	377
Cadder	3474	1550	1593	501	531	2720	469	47	353	1	—	1	624	408
Cambuslang	3425	833	934	445	515	1242	301	15	382	6	1	1	686	274
Cambusnethan	3093	1068	1119	357	366	1536	128	49	196	16	1	—	448	275
Carluke	1275	440	389	197	217	751	46	1	116	2	10	2	248	166
Carnwath	922	330	311	225	224	682	76	13	108	3	4	4	283	166
Dalserf	2973	1124	1078	419	423	1519	231	19	237	1	26	2	604	238
Dalziel	7388	2298	2235	823	790	2985	242	114	464	16	6	—	995	618
Douglas	709	262	236	176	172	620	71	16	106	3	5	5	217	131
East Kilbride	484	149	185	68	67	208	18	—	39	—	3	—	76	59
Glassford	175	61	59	48	45	153	21	—	18	—	—	—	59	34
Hamilton	7465	2688	2619	998	1045	3421	736	55	787	19	84	10	1501	542
Lanark	1995	683	619	339	302	982	146	10	175	12	14	12	457	184
Lesmahagow	1691	617	604	301	305	1054	107	16	138	1	—	1	404	202
New Monkland	4953	2359	2194	729	777	3887	592	42	702	2	3	1	1141	365
Old Monkland	8062	2715	2628	1265	1226	4906	786	57	884	10	2	—	1903	588
Rutherglen	3557	944	1022	318	366	682	221	18	415	—	—	1	429	255
Shotts	3661	1439	1300	418	445	1224	112	--	215	1	—	—	663	200
Southern	258	84	75	59	50	194	8	4	43	5	12	3	88	21
Stonehouse	505	204	181	117	108	377	26	6	54	—	2	—	159	66
TOTAL	69447	24775	24221	9457	9643	33804	4943	495	6331	114	193	57	13635	5465

REPORT ON TREATMENT OF DISEASES OF THE EAR, NOSE, AND THROAT.

(DR. JAMES ADAM.)

AT HAMILTON CLINIC.

For the year ending 31st July, 1925, 38 children made 119 attendances, occupying 19½ hours. These included 23 operations under local anaesthetics. At Beckford Street Clinic there were 19 operations under general anaesthetics, and 1 operation at private consulting room. All of these cases were for tonsils and adenoids except two which were for ear disease. One report was granted in the case of a child who was considered to be educationally deaf.

The cases were drawn from Hamilton, Bothwell, Rutherglen, New Monkland, and Blantyre parishes.

AT MOTHERWELL CLINIC.

(1st AUGUST, 1924—31st JULY, 1925.)

	Under General Anaesthetic.	Under Local Anaesthetic.
No. of Necessitous Cases treated for Tonsils and Adenoids	31	1
No. of Necessitous Cases treated for Diseases of the Ear	—	4
No. of Necessitous Cases treated for Diseases of the Nose	4	4
	35	9

Total Number of Attendances of School Children at the Clinic	390
Total Time occupied by Ear, Nose, and Throat Specialist (approximate number of hours)	156
Total Time occupied by Anaesthetist (approximate number of hours)	54